

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

09/61-700

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	5/12/88
2	02/02/03
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7	
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9	
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓ ✓
16	N N
17	N N
18	✓ ✓
19	✓ ✓
20	✓ ✓
21	N N
22	N N
23	N N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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